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ABSTRACT

This opening chapter provides an overview of the book. Chapter 2 of the book summarizes current data for problem behaviors among adolescents across five areas including: (1) substance abuse; (2) sexual behavior; (3) delinquency and violence; (4) depression and suicidal ideation; and (5) school failure. Next, chapter 3 addresses the efforts to stem drug use among children and summarizes effective school-based drug prevention programs. Chapter 4 reviews the limited progress made toward reducing early sexual behavior and pregnancy, and the lack of contraceptive use among adolescents. In chapter 5 the increasing threat of youth violence to the public health is examined. Chapter 6 discusses the tendency for depression to co-occur with other debilitating conditions and the deleterious effects of depression in childhood. Chapter 7 provides an overview of what schools can do to address the issue of youth suicide. Chapter 8 addresses the issue of poor nutrition in children and how healthier dietary behaviors can be encouraged. Chapter 9 addresses prevention strategies relating to accidental injury. Lastly, chapter 10 addresses school success as both academic and bonding with the institution's staff to protect against the pitfalls discussed in the previous chapters. The chapter concludes by noting that, as comprehensive as "Healthy People 2000" is, it does not go far enough in addressing the health problems and needs of children and youth. The present volume makes clear that the widespread dissemination of effective health promotion practices and policies to foster social and environmental supports for children's social, emotional, and physical wellness are our best bet toward improving their current functioning as well as their health as adults. Contains 28 references. (SD)

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• *CHAPTER 1* •

Introduction and Overview: Let's Make "Healthy Children 2010" a National Priority!

ROGER P. WEISSBERG
CAROL BARTELS KUSTER

Healthy People, the first *Surgeon General's Report on Health Promotion and Disease Prevention,* was a landmark document (U.S. Department of Health, Education, and Welfare, Public Health Service, 1979). It summarized the nation's dramatic health accomplishments since 1900 and contended that further improvements would require the widespread implementation of effective health promotion and disease prevention strategies. A decade later, the Office of Disease Prevention and Health Promotion (ODPHP) coordinated a broad-based national effort to develop a second report, *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* (U.S. Department of Health and Human Services, Public Health Service [DHHS], 1991). *Healthy People 2000* identified more than 300 health objectives, organized into 22 priority areas, to be accomplished by the year 2000. These objectives have guided health promotion and disease prevention policies and programs at the federal, state, and local levels during the 1990s.

The seeds for editing the current volume, *Healthy Children 2010: Enhancing Children's Wellness,* were planted almost a decade ago. Work on *Healthy People 2000* began in 1987 with the convening of a consortium of almost 300 national membership organizations and

all 50 state health departments (DHHS, 1991). As planning for *Healthy People 2000* was under way, the National Mental Health Association (NMHA) invited the senior editor (R. P. Weissberg) to comment at an ODPHP-sponsored meeting on objectives for children in the priority area of "Mental Health and Mental Disorders." The NMHA has a distinguished history of advocacy for children's preventive mental health programs (Report of the National Mental Health Association Commission on the Prevention of Mental-Emotional Disabilities, 1986). It expressed concern that *Healthy People 2000* placed inadequate emphasis on children's mental health outcomes and on establishing objectives for the dissemination of family- and community-based primary prevention programs.

Our assessment of *Healthy People 2000* (DHHS, 1991) concurs with the NMHA's concerns about insufficient coverage for children's mental health needs and scientifically based preventive mental health interventions. Overall, *Healthy People 2000* proposed 14 mental health objectives; only 2 identified health status goals for children ("Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 to 17"—Objective 6.2, p. 211; "Reduce to less than 10 percent the prevalence of mental disorders among children and adolescents"—Objective 6.3, p. 211). Only one mentioned a secondary prevention service goal ("Increase to at least 75 percent the proportion of providers of primary care for children who include assessment of cognitive, emotional, and parent-child functioning, with appropriate counseling, referral, and followup, in their clinical practices"—Objective 6.14, p. 219). In this book and in a companion volume, *Healthy Children 2010: Establishing Preventive Services* (Weissberg, Gullotta, Hampton, Ryan, & Adams, 1997), we strongly recommend that *Healthy People 2010* increase the number of child-focused objectives and the specificity and accuracy of these objectives and include program, service, and policy objectives related to children's mental health as well as to their physical health and social functioning.

Kolbe, Collins, and Cortese (in press) pointed out that our country's most severe and costly health and social problems are caused, in large part, by behavioral patterns that develop during childhood and adolescence. These problems include tobacco use, drug and alcohol abuse, sexual risk behaviors, violence, poor nutrition, and behaviors and environmental circumstances that result in injuries. Yet examination of the 692-page *Healthy People 2000*

report reveals that these priority areas, similar to mental health and mental disorders, received sparse coverage in this agenda-setting document.

On the positive side, *Healthy People 2000* places considerable emphasis on establishing quality school health education programs that target multiple health outcomes (DeFriese, Crossland, Pearson, & Sullivan, 1990; Kolbe et al., in press; McGinnis & DeGraw, 1991; Weissberg & Elias, 1993). A core recommendation calls for an "increase to at least 75 percent the proportion of the Nation's elementary and secondary schools that provide planned and sequential kindergarten through 12th grade quality school health education" (Objective 8.4, p. 255). Related objectives encourage increases in the proportion of schools nationwide—"preferably as part of quality school health education"—that provide education regarding: (a) tobacco use (Objective 3.10, p. 147) and alcohol and other drugs (Objective 4.13, p. 173); (b) sexuality (Objective 5.8, p. 198), HIV (Objective 18.10, p. 488), and sexually transmitted disease transmission (Objective 19.12, p. 505); (c) nonviolent conflict resolution (Objective 7.16, p. 239); (d) nutrition (Objective 2.19, p. 127); and (e) injury prevention and control (Objective 9.18, p. 285).

The chapters in this volume and its companion, *Healthy Children 2010: Establishing Preventive Services* (Weissberg et al., 1997), make clear that many additional, critically important recommendations for child health outcomes and preventive services could be offered. We hope that the publication of these volumes in 1997 will promote early discussion regarding objectives about children's social, emotional, and physical wellness in *Healthy People 2010*. We believe that the interests of the nation's young people would be best served if the government next published two reports: *Healthy Children 2010* and *Healthy Adults 2010*. The value of separately emphasizing the health needs of children and youth in *Healthy People 2000*—thus making them more salient—has been highlighted constructively in publications of the American Medical Association (1990; Fleming, 1996).

Available data on the social circumstances and health status of our nation's children offer compelling support of the view that enhancing children's wellness must be given greater priority (National Commission on Children, 1991). Findings regarding children's substance use, high-risk sexual behavior, delinquency,

suicide, and school performance indicate that unacceptably large numbers of young people experience problems and engage in multiple risk behaviors that may limit their potential to develop into constructive, contributing members of society (Dryfoos, 1990). In addition, indicators about divorce, children who grow up in single-parent homes, two-career couples, and poverty suggest that too many children are growing up without adequate family support and guidance, increasing their vulnerability to involvement in health-damaging behaviors (DHHS, 1996).

Currently, approximately 69 million young people under the age of 18 live in the United States. That number is projected to increase to 74 million by the year 2010, the largest absolute number of youth in the nation's history (U.S. Bureau of the Census, 1993). America's population is also becoming more racially and ethnically diverse, largely because of immigration and differential birthrates. When *Healthy People* was published, approximately 74% of people under 18 were White, 15% were Black, 9% were Hispanic, 2% were Asian American, and 1% were from other racial or ethnic groups. By 2010, the proportion of White young people will decline to 58%, whereas there will be a slight increase to 17% for Blacks and larger increases to 18% for Hispanics and 7% for Asian Americans (DHHS, 1996). Language barriers, poverty, and cultural isolation affect the social and health needs of many minority children. When combined with population growth, sociodemographic shifts, and diminishing support by adults for children, these problems will lead to increased numbers of children who engage in problem behaviors and consequently experience negative behavioral outcomes (Snyder & Sickmund, 1995; Zill & Nord, 1994).

During the past decade, several reviews have described the progress made in the prevention of children's social and health problems (e.g., Botvin, Schinke, & Orlandi, 1995; Carnegie Council on Adolescent Development, 1995; Consortium on the School-Based Promotion of Social Competence, 1994; Dryfoos, 1990; Durlak, 1995; Institute of Medicine, 1994; Millstein, Petersen, & Nightingale, 1993; Moore, Sugland, Blumenthal, Glei, & Snyder, 1995; Price, Cowen, Lorion, & Ramos-McKay, 1989; Simeonsson, 1994; Tolan & Guerra, 1994; Weissberg & Greenberg, 1997). Given this progress, it is timely to review empirically based prevention programs for young people and to identify priorities for new child health objectives for the year 2010. The chapters in this

volume share the latest research and theories about family, school, and community prevention and health promotion programs to improve the health status of children during the next decade. These provide a foundation for increasing the quantity and quality of children's health objectives in 2010.

Summary of Chapters

Chapter 2: The Prevalence of Problem Behaviors: Implications for Programs (Joy G. Dryfoos)

Joy Dryfoos summarizes current prevalence data for problem behaviors among adolescents across five areas: substance use, sexual behavior, delinquency and violence, depression and suicidal ideation, and school failure. A sampling from her findings powerfully indicates why the dissemination of effective prevention and health promotion programs for children and youth must receive greater emphasis nationally: (a) about 30% of 14- to 17-year-olds have smoked cigarettes, 30% have engaged in binge drinking, and 18% have smoked marijuana within the past 30 days; (b) approximately 53% of high school students report that they have had intercourse, and almost 20% report having four or more sex partners; (c) at least 18% of males and 5% of females admitted that they had carried a gun, knife, or club on school grounds during the past 30 days; (d) about 24% of high school students self-reported that they thought seriously about attempting suicide, 19% made a suicide plan, and 9% actually attempted suicide during the past year; and (e) about 25% of 10th graders have already been retained in grade, and almost 12% of all young people drop out of school. Assessing the likelihood of reaching objectives established in *Healthy People 2000* and the *1995 Midcourse Review* (DHHS, 1991, 1995), Dryfoos pessimistically notes that during the 1990s, rates of the following have increased: cigarette, alcohol, and marijuana use; the proportion of females aged 15 to 17 who are sexually active; suicide and suicide attempts; and interpersonal violence.

Dryfoos reviews studies indicating that these problem behaviors often co-occur in young people and that common risk and protec-

tive factors influence the development of social and health problems. She estimates that 30% of 14- to 17-year-olds engage in multiple problem behaviors placing them at high risk of extremely negative consequences; about 35% are experimenting with various risky activities that jeopardize their futures; and the final 35% are at low risk from their current behaviors. On the basis of her analysis of findings from prevalence studies, risk and protective factor research, and preventive-intervention research, she concludes,

> Evidence is clear from the experiments of the past that more powerful comprehensive approaches are required, that we cannot continue to treat troubled young people in categorical efforts that do not deal with the social and psychological environment that gives rise to these problems. (p. 44, this volume)

She recommends focusing preventive interventions on the settings and structures that so powerfully affect outcomes among youth, including families, schools, and neighborhoods; health, welfare, and justice systems; and employment and training.

Chapter 3:
School-Based Drug Abuse Prevention Strategies: From Research to Policy and Practice (Linda Dusenbury and Mathea Falco)

The adolescent problem behavior that has received perhaps the greatest amount of attention is drug use. Numerous "wars" against drugs, involving media campaigns, policy formation and reformation, and intervention-prevention program development, have been waged in the past 20 years. We now know a great deal about the causes, effects, and consequences of drug abuse, as well as the key ingredients in effective drug prevention-intervention programs. Despite these advances in awareness and responsiveness, however, and despite the seeming proliferation of school-based programs, reports of drug use among youth have been increasing in recent years. Indeed, little progress has been made toward reaching many of the drug use reduction goals of *Healthy People 2000*. For example, rates of tobacco, marijuana, alcohol, and illicit drug use are rising, whereas levels of disapproval and perceived harmfulness of drugs are decreasing among youth.

Why are we losing ground in our efforts to stem drug use among children? One answer is that we are not using effectively what we know. Linda Dusenbury and Mathea Falco offer reasons why some of our most promising programs are not widely used while some relatively ineffective programs are widely disseminated. On the basis of their extensive review of available drug prevention programs, evaluation evidence, and interviews with leading experts in the field, they describe key ingredients for drug prevention programs, identify state-of-the-art programs and practices, and elaborate guidelines for choosing effective programs. Among their key findings, they conclude that school-based drug prevention programs are most effective when they (a) reflect proven prevention theory and research; (b) provide developmentally appropriate information about tobacco, alcohol, and drugs; (c) employ interactive teaching techniques; (d) provide adequate coverage and sufficient follow-up training for students; (e) are culturally sensitive; (f) offer teacher training and support for high-quality implementation; (g) include supplemental components designed for the family, community, and media; and (h) demonstrate their effects on drug use behavior in rigorous evaluation. In their view, drug use does not occur in isolation of other problems, and our best course is to include drug prevention as part of comprehensive health education and broader personal and social skills training.

Chapter 4:
Preventing High-Risk Sexual Behavior, Sexually Transmitted Diseases, and Pregnancy among Adolescents (Lynda M. Sagrestano and Roberta L. Paikoff)

In earlier decades, prior to the AIDS epidemic, interventions aimed at adolescent sexual behavior focused on pregnancy and sexually transmitted disease (STD) prevention. Although these problems presented clear health risks, they were not necessarily debilitating or fatal. With the rise in rates of STDs and particularly HIV/AIDS among adolescents, however, the need for effective prevention programs has become critical. In their chapter, Lynda Sagrestano and Roberta Paikoff review the limited progress made toward the three *Healthy People 2000* goals related to adolescent sexual behavior. These goals are (a) reduce early sexual behavior by encouraging abstinence and delaying onset of first sexual inter-

course, (b) reduce early pregnancies, and (c) increase contraceptive use among adolescents. Unfortunately, national data indicate that since 1990, proportionally more adolescents are sexually active, sexual initiation is occurring at younger ages, and rates of adolescent pregnancy have increased, particularly among minority youth. There is evidence of one promising trend, however—an increase in the proportion of sexually active adolescents who later choose abstinence and/or use contraceptives.

Sagrestano and Paikoff identify methodological, developmental, and contextual considerations for interventions with both sexually active and nonsexually active adolescents. They identify characteristics of several successful primary and secondary prevention programs and outline recommendations for improving methodological rigor in prevention programs targeted toward adolescent sexuality. On the basis of their developmental-ecological theoretical perspective, they argue compellingly that primary prevention programs must start with preadolescents and continue through the years to address the changing nature of family, school, peer, and community risk factors as youth progress developmentally through adolescence. Specifically, they emphasize three recommendations: (a) intervene early—prevention of sexually risky behavior must focus on primary prevention (before the onset of sexual behavior) because preventive interventions have been much less successful with nonvirgins; (b) follow up with developmentally appropriate booster sessions throughout adolescence; and (c) include secondary prevention efforts that focus on safe sex or abstinence for those youth who are sexually active.

Chapter 5:
Violence Prevention for the 21st Century
(Mary E. Murray, Nancy G. Guerra, and Kirk R. Williams)

Many problems affecting children and youth are regarded as the particular province of youth and those adults, such as their parents and teachers, directly concerned with their healthy development. One problem, by its very nature, however, is a threat to the well-being not only of youth but of the general population—the problem of youth violence. As Mary Murray, Nancy Guerra, and Kirk Williams make clear, this is truly a threat to the public health that is becoming increasingly serious each year. Although the cur-

rent generation of youth may not be violent more often than previous generations, the results of their violent behaviors are more often lethal.

Murray, Guerra, and Williams review empirical data on violence-related prevention programs and identify implications for violence prevention efforts that recognize the importance of developmental stages, type of violence, and setting or location. They organize their review developmentally, describing exemplary programs involving pre- and postnatal services to families, preschool enrichment programs, interventions during the elementary school years, and programs for adolescents. They suggest that violence may be best understood through an ecological model of life course development in which violent/aggressive behavior is seen as the result of unmet developmental needs. Ensuring that these needs are met in appropriate ways thus becomes the foundation of violence prevention efforts. The chapter concludes with a critique of *Healthy People 2000* goals and highlights several instructive empirically and theory-based directions to guide the establishment of improved objectives for 2010. They recommend, for example, that future objectives should (a) discriminate among types of violence, (b) focus on serious and lethal violence, (c) address the problem of juvenile gangs, (d) link violence reduction goals to specific strategies that address the multiple causes of violence, and (e) build a comprehensive response that addresses the range of risk factors common to many problems, including violence.

Chapter 6:
Prevention of Depression (Bruce E. Compas, Jennifer Connor, and Martha Wadsworth)

Those youth susceptible to drug abuse, unhealthy sexual behavior, violence/aggression, suicide, and other problems are often the same youth who are experiencing depression. The tendency for depression to co-occur with other debilitating conditions is explored in a scholarly review by Bruce Compas, Jennifer Connor, and Martha Wadsworth. They describe the current state of definition and diagnosis of depression in children and adolescents, provide startling prevalence data, and discuss the deleterious effects of depression in childhood. Given the widespread, lasting, and often devastating effects of depression, surprisingly few prevention ef-

forts specifically target depression or evaluate their impact on depressive symptoms. Recently, however, pioneering efforts to prevent depression in children have produced promising results. Some notable programs have reduced levels of depressive symptoms, for example, by focusing on improving academic achievement, cognitive skills, and/or social problem-solving techniques.

Compas, Connor, and Wadsworth recommend that interventions at the universal, indicated, and selected levels can work in complementary fashion to deliver appropriate "doses" of prevention. Further, they suggest that interventions should include both person-centered and context-centered foci. Such broadly based efforts likely will be needed to adequately encompass the large number of risk factors associated with depression.

Compas and colleagues note that depression during childhood and adolescence was given relatively little attention in *Healthy People 2000*. They contend that the growing evidence regarding the prevalence, severity, course, and correlates of depression make clear that depression should be a high priority for preventive services that are a part of *Healthy People 2010* objectives. They also point out that the *Healthy People 2000* goal of reducing suicide among youth will be assisted by addressing depression's role as an important risk factor for suicide.

Chapter 7:
Prevention of Youth Suicide (John Kalafat)

As the goals of *Healthy People 2000* make clear, one of the primary threats to adolescent health is self-inflicted injury. Suicide is currently ranked within the top three leading causes of death for adolescents between 15 and 19 years of age. In his chapter, John Kalafat provides an overview of what schools may do to address this problem. Given the large array of risk factors associated with suicide and suicide attempts among youth, Kalafat argues that interventions should target general protective factors rather than individual risk factors. For example, identifying barriers to help seeking among troubled adolescents can lead to the development of efforts to reduce these barriers, thereby encouraging youth to seek out and use adult help for a variety of problems, including suicidal ideation. Naturally, such programs will also need to ensure the availability of responsive and able adults.

As a first step toward maximizing general protective factors, Kalafat identifies barriers to help seeking in one of the natural environments of children—the schools. He also describes ways in which these obstacles may be overcome, such as reorganizing schools to provide students with longer and enhanced interactions with teachers, increasing peer involvement and support, and reducing the isolation and alienation common to many large schools. He highlights the importance of increasing the general availability of adult support in schools and incorporating instruction in social problem-solving skills to interrupt the trajectory toward suicide, drug abuse, and other related negative outcomes.

Chapter 8:
Promoting Healthy Dietary Behaviors
(Cheryl L. Perry, Mary Story, and Leslie A. Lytle)

With the increasing prominence of salient health threats such as violence, physical abuse, and drug use among youth, one important cause of morbidity and mortality is often overlooked—poor nutrition. Cheryl Perry, Mary Story, and Leslie Lytle emphasize the importance of establishing healthy eating patterns early in life. These early patterns are highly predictive of adult eating behavior, which is directly linked to adult morbidity and mortality. Their review of school-based programs indicates that simply educating children about nutrition is not enough to alter their eating behavior. The authors discuss the role of social norms about desirable foods, the influence of media directed at children, and changes in family structure in determining eating patterns.

Perry, Story, and Lytle note that most of the eight *Healthy People 2000* nutrition objectives for children and adolescents will not be met despite the introduction of the food guide pyramid, new food labels, and revised dietary guidelines. They recommend that *Healthy People 2010* place greater emphasis on policies and environments that encourage healthier decisions among young people. Specifically, they call for wider dissemination of nutrition education programs that have been effective in research trials. They also note that healthier eating behaviors among children are likely to be sustained when classroom-based behavioral education is complemented by school food service changes, parental involvement, and community-wide change. In other words, future efforts to promote

good nutrition and healthy eating behavior will need to expand their focus to those elements of the social environment that promote or discourage good nutritional habits.

Chapter 9: Prevention and Control of Injuries (Barbara S. Tuchfarber, Joseph E. Zins, and Leonard A. Jason)

One goal of *Healthy People 2000* was the reduction of accidental injury. Although such injury among children and youth is still a primary threat to well-being, some reduction in injury rates has been achieved. Barbara Tuchfarber, Joseph Zins, and Leonard Jason point out that most "accidents" among children and youth are not unpredictable twists of fate but results of predictable behaviors among identifiable high-risk groups. These authors describe ways in which child, parent-family, and environmental factors interact to determine to whom an "accident will happen." For example, children's high level of social competence combined with appropriate parental modeling of safe behaviors and the enforcement of safety-related legislation are associated with lower levels of child injury.

Tuchfarber, Zins, and Jason review the leading causes of injury across age groups and describe prevention strategies that can help continue the trend toward reducing unintentional injury among children. Specifically, they recommend (a) federal, state, and local policies that require bicycle safety helmets and changes in handgun design; (b) mandated social competence training in schools that focus on interpersonal violence and unintentional injury; and (c) organized efforts of pediatricians, child care providers, psychologists, and public health experts to increase the scope of injury prevention endeavors.

Chapter 10: Academic Performance and School Success: Sources and Consequences (J. David Hawkins)

Healthy People 2000 (DHHS, 1991) offers risk reduction objective 8.2, which proposes to "increase the high school graduation rate to at least 90 percent, thereby reducing risks for multiple problem behaviors and poor mental and physical health" (p. 253).

Conceptually, this objective is important because it highlights a continuing theme in this volume that many problem behaviors in youth co-occur and have common risk and protective factors. Improving social and environmental forces that influence positive youth development and health outcomes represents a critical, cost-effective set of strategies for enhancing children's wellness and preventing multiple problems. One socializing institution with obvious importance to children's lives is school. Ideally, schools are places of safety, learning, and nurturance in which students maximize their potential. As most agree, many schools fall short of this ideal. Although it may not be possible to realize this ideal in all instances, it is possible to develop schools that approximate this goal.

In his chapter, David Hawkins discusses the relationship between a child's success in school and success in later life. He argues persuasively that success in school can be a powerful buffer against many of the risk factors described earlier by Dryfoos. His concept of school success is not limited to a child's mere academic performance. Rather, he sees school success as the formation of a positive bond between a child and school personnel. Such "bonding to the school" involves the development of a child's commitment to succeed in school on the basis of a school culture favorable to learning and feelings of attachment to teachers. Hawkins describes characteristics of schools that promote the formation of a bond to school and thereby learning and academic achievement. He illustrates several effective interventions that demonstrate that schools *can* be reorganized to maximize bonding. Hawkins notes that when schools fail to create the conditions that bond students to school, they fail to foster a powerful protective factor against health risk behaviors. He concludes with an optimistic and apt objective for his chapter and our book on enhancing children's wellness: "We can and should ensure that all American public schools are effective in promoting the academic competence, emotional competence, and healthy behaviors of all students" (p. 301, this volume).

Conclusion

In summary, as comprehensive as *Healthy People 2000* is, it does not go far enough in addressing the health problems and needs of

children and youth. The present volume makes clear that the widespread dissemination of effective health promotion practices and policies to foster social and environmental supports for children's social, emotional, and physical wellness are our best bet toward improving their current functioning as well as their health as adults. Given that most of the risky behaviors in which children engage are preventable, family-, school-, and community-based prevention efforts are an appropriate and necessary focus for our commitment. This volume and its companion, *Healthy Children 2010: Establishing Preventive Services*, are intended to make salient the importance of addressing risk and protective factors for children and youth and to describe promising directions for such efforts. Those who read these chapters will benefit from the latest integrative reviews of theoretically based and empirically supported programs to enhance children's health and social development. By disseminating this information, we hope to improve current services and policies for children and also to inform discussion about objectives for *Healthy People 2010*. We hope that this contribution will have tangible effects on planning and practice so that the nation pursues and reaches ambitious but attainable health objectives for children by 2010.

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